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RESEARCH ARTICLE

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MYTHS AND MISCONCEPTIONS IN DENTISTRY: AN ILLUSION OR A REALITY?

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ABSTRACT

India, a developing country, faces many challenges and ensuring good health for its citizens is one of the biggest challenges. Maintaining good oral hygiene is very important but various myths and taboos prevail among communities that hamper them from availing proper oral treatment from a dental professional. Therefore, objective of this review is to give an idea about the prevalence of myths and misconceptions regarding oral health and hygiene among general population and to suggest possible remedial measures so that communication between the dentist and patient improves to the root level and optimal dental health can be achieved. A lot of research was done for writing the same. Various literature reviews, original case studies, current affairs, books etc were referred to.

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INTRODUCTION

As the generations are changing, as the minds are evolving, as the people are understanding the difference between right and the wrong doings, development is occurring in various sectors. But is the entire population actually changing in one of the most important sectors i.e. health? No! The key to happiness for everyone is good mental, physical, social and emotional welfare. Health- oral as well as general cannot be isolated from its social frame of reference. The surrounding culture's ludicrous and incongruous ideas and notions influence the degree of negligence towards one's health. People have their own idealised conception regarding health and illness. In scientific terms, it is attributed to as "myth", whose origin dates back to Mid 19th century and was derived from the Greek word mythos (μῦθος), which simply means "story." (1)

Despite various efforts by Govt and other communities, people still follow their illogical beliefs mainly because of lack of education and knowledge, familial pressure, poverty etc.

Overview

-) Myth-Brushing for a longer time with hard bristles can whiten the teeth more.
-) Fact-Right brushing technique is important rather than stringent and overzealous brushing which can lead to abrasion of the teeth.(2)
-) Myth-Only poor brushing can lead to bad breath.Fact-Not only poor brushing but a range of systemic disorders can cause halitosis (tonsillitis, bronchiectasis, sinusitis, volatile food stuffs, lack of flossing and rinsing the mouth etc).(2)
-) Myth-Professional scaling leads to sensitivity, mobility and also creates gap in-between teeth. Fact-This can be because the calculus gets stuck in the gaps, masks mobility and sensitivity. So when the calculus gets removed after scaling and if the underlying dentin gets exposed, it results in sensitivity of the teeth. This should

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- be emphasized along with the oral prophylaxis procedure (2)
-) Myth-Taking a puff of smoke or a chew of smokeless tobacco off and on won't harm. Fact-Regardless of the amount or form of tobacco usage, the harmful effects would be the same. No matter by what name it is called, smokeless tobacco is highly addictive and can harm the health. Yet it is consumed widely, as in India, areca nut is traditionally used in many communities. But, like cigarettes, smokeless tobacco also contains nicotine—an addictive drug and nicotine addiction can in fact interfere in quitting the habit. People should be acknowledged about the worthless expenditure they carry out besides the fact that smokeless tobacco may cause mouth cancer and other health problems (2)
-) Myth-Dental treatment should be avoided during pregnancy. Fact-This is because people substantially believe that foetus can get affected by the drugs and the treatment modality provided during the term of pregnancy. But the fact is not all drugs affect adversely and treatment should not be avoided especially during emergency. In fact, certain procedures can be done during 2nd trimester when organogenesis is complete. Awareness should be created that oral foci of infection when untreated can lead to pre-term birth of low weight baby (2)
-) 6. Myth-Extraction of upper teeth affects eye vision. Fact-This may be due to blurring of vision following improper anaesthesia or its untimely blockout. Actually, there is no direct relationship between extraction of maxillary teeth and weakening of eyesight. Yet another possible reason for the development of this myth is that when an abscess develops from any of the maxillary anterior teeth extraction, the patient may sometimes develop a large swelling under the eye leading to temporary vision defects. (2),(3)
-) Myth-Caregivers of young children frequently feel that the temporary teeth are not as important as the permanent ones and it isn't necessary to care about them. Fact-Although deciduous teeth are not permanent, problems in permanent teeth can develop in the long term if deciduous teeth are not properly cared for. Children should be taught about the importance of maintaining oral hygiene at an early age and they should form permanent habits that are essential for maintaining long term oral health. Moreover, early loss of temporary teeth will interfere with mastication and affect the child's nutrition. It may lead to drifting of the adjacent teeth and closure of some of the space that is required for the succeeding permanent teeth to erupt into. Such a loss of space will cause crowding and malpositioning of the permanent teeth. Thus, it is advisable to inculcate the habit of cleaning the infant's teeth soon after they appear in the mouth. In fact, it is advised to clean baby's gum pads every day by gentle massage even before the teeth erupt. Rinsing and cleaning of baby's mouth should be ensured after breast feed (3)
-) Myth-Using coal for cleaning teeth makes them strong and resistant, cleaning with salt makes them white and lustrous, and since twigs provide with the natural extract, using them instead of toothbrushes will be effective for maintenance of good oral health. Fact-These aren't the recommended oral health practises and might rather have a negative effect. Though the extracts of many twigs of plants have yielded potent antiseptic and antiplaque agents, the disadvantages include gingival trauma and occlusal wear. Usage of coarse materials such as coal and crystalline salt in cleaning procedures could scour and scrape off the enamel and damage periodontal ligament (3)
-) Myth-All dental treatments are painful and it is not important to visit a dentist unless there is pain. Fact-Mostly pain occurs in the end stage of a disease like caries. This shows that people have poor knowledge about prevention of dental diseases. It is recommended to visit a dentist regularly and get professional cleaning done every 6 months to maintain proper oral hygiene (4)
-) 10. Myth- Placing clove on the decayed tooth at night helps to get rid of pain; treatment can be avoided. Fact-Toothache has a malicious habit of striking in the night, because of changes in blood flow. Cloves contain eugenol, a phenyl propene that is used commonly in medicine and dentistry as a local antiseptic and anaesthetic. Chewing on cloves prior to sleep can serve to numb and clean the affected area but they aren't a replacement for treatment. (4)
-) Myth-Swelling caused by painful tooth should be fomented with hot water. Fact- Fomentation with hot water is not the remedy for all kinds of swelling or pain. In reality fomentation done for reducing the pain associated with a decayed tooth may not alter the pain at times, but it may rather lead to cellulitis in some cases (4)
-) Myth- Oral cancer happens only to smokers and alcohol drinkers. Fact- About 25% of oral cancers occur in people with no history of tobacco or alcohol use.(5)

Risk factors for oral cancers are as follows

Cancer Facts

Very strong risk factors (> 10-fold increased risk)

-) Increased age
-) Using tobacco and alcohol, especially combined use (risks for heavy smokers and drinkers are increased more than 30-fold)
-) Using smokeless tobacco, including snuff and chewing tobacco
-) Chewing betel quid, areca nut and paan
-) Being immunologically compromised (e.g., after bone-marrow transplantation)

Strong risk factors (4 to 10-fold increased risk)

-) Smoking cigarettes
-) Drinking alcohol
-) Having a human papilloma virus infection, especially type 16

Moderate risk factors (4-fold increased risk)

-) Being male
-) Smoking pipes and cigars
-) Smoking marijuana
-) Being exposed to environmental tobacco smoke
-) Having low fruit and vegetable intake(5)
-) Myth-Eating chocolates causes cavities.

Fact- Not all chocolates always cause cavities. Flavonoids in dark chocolate actually prevent cavities because of lesser sugar content as compared to other food stuffs. A study from Osaka University in Japan showed that parts of the cocoa bean actually prevent tooth decay and harmful mouth bacteria. Moreover, dental caries belongs to the group of common diseases considered as “complex” or “multifactorial” and thus quite a number of factors play role in development of a cavity.(2), (6) 14. Myth-Dental decay occurs because the teeth are soft. Fact-This can be attributed to the fact that the hypoplastic or hypomineralized teeth sometimes undergo brownish/blackish discolouration which can be misunderstood with dental decay by people that lack knowledge (7)

Myth- Many people believe root canal treatment as a distinct option for extraction, they have an apprehension that it is always excruciating and time taking. Fact-The impression of root canals being painful began decades ago when root canal treatment was tormenting. Today, because of advancement in technology and anaesthetics, root canal treatment is not much painful than having a filling of teeth. Infact, nowadays root canal treatment can be done in a single sitting, thereby saving the time and reducing the number of appointments (8)

Conclusion

Although modern dentistry has come a long way and evidence-based dentistry is on the rise, most people are still reluctant to abandon the traditional methods. They don't have proper knowledge or as some of them fear that the advanced treatment modalities might not be efficient, though expensive. The dental myths can at times be detrimental and result in various degrees of disability. Thus, they need to be tackled by appropriate integration and application of dental services available. Clinical expertise, knowledge and the available amenities must be put to good use and the disability should be restricted to the bud stage. (3)

It is the need of the hour that the Government and other health care professionals come forward and educate the citizens, clear their illusions and fallacies, spread awareness regarding oral health, conduct dental camps and provide treatment such that the overall health status of the general population improves and the grave problem gets alleviated.

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